

City of Inver Grove Heights

Inspections Department 8150 Barbara Avenue Inver Grove Heights, MN 55077 phone: (651) 450-2550

phone: (651) 450-2550 email: permits@ighmn.gov

CITY CONTRACTOR LICENSE APPLICATION

Submittal Checklist Requirements:

- 1) Certificate of Insurance listing City of Inver Grove Heights as Holder.
- 2) Copy of State Licensure mechanical bond, plumbing contractor, building contractor, etc.
- 3) Completed City Contractor License Application-License expires annually on December 31 in year issued.
- 4) Payment of required fees.

Applicant Data					
Contractor Name:					
Contractor Address:		City:	State:	Zip:	
MN State License #:		MN State Bond #	# :		
Applicant Name:		_Applicant Email:_			
Owner Name:		_Owner Email:			
MN Tax ID:		_Federal Tax ID: _			
If you have a current permit pending Type of Contractor License needed fo			ber here:		
**NOTE: General Contractors and rer State of Minnesota License Applic Under Minnesota law (M.S. 270C.72), Commissioner of Revenue your Minneach license applicant. Under the Minwe must advise you that: • This information may be used to do the Minnesota Department of Rev. • The licensing agency will supply it Exchange of Information Act, the Information Service. • Failing to supply this information or renewal application.	cant Information the agency issuing your sesota business tax identifies the innesota Government Description of the issuance, renewented the innesota only to the Minnesota Department of Revenue	u this license is recontification number Data Practices Act and the wal, or transfer of some penalties, or interpretation of Repartment of Repartment to supple is allowed to supple in the supple is allowed to supple is allowed to supple in the supple is allowed to supple in the supple is allowed to supple is	quired to provide to the and the Social Security and the Federal Privace your license if you owerest. Evenue. However, undepty this information to	e Minnesota cy number of y Act of 1974, re er the Federal o the Internal	
Signature of Applicant or Authori I acknowledge that this application is State Codes, and that work will not st answering 'Yes' will be treated in the enforceability, and admissibility. Click	complete and accurat art until this permit ha same manner as a har	as been reviewed a	and approved. I unders	stand that	
Name of Applicant or Authorized Agent			Date		
City Contractor License	Date Paid		Receipt #		